

FILED FEB 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2781

State File No.

13

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **413**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)
St. Louis, Missouri
c. CITY (If outside corporate limits, write RURAL and give township)
St. Louis **2069**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital #1**
d. STREET ADDRESS (If rural, give location)
6 5750 Ridge

3. NAME OF DECEASED a. (First) **ZELDA** b. (Middle) _____ c. (Last) **FINE**
4. DATE OF DEATH (Month) (Day) (Year)
JAN. 2, 1952

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **unk** 9. AGE (in years last birthday) **47 1/2**
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) **Austria**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Unk** 13b. MOTHER'S MAIDEN NAME **Unk.** 14. NAME OF HUSBAND OR WIFE **Jacob**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**
16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Jacob Fine** ADDRESS **5750 Ridge**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial Infarction**
INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Coronary Thrombosis**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Cerebral arteriosclerosis**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **H201**

2. I hereby certify that I attended the deceased from **12-30-51**, 19____, to **1-2-52**, 19____, that I last saw the deceased alive on **1-2-52**, 19____, and that death occurred at **12:35A m.**, from the causes and on the date stated above.

23a. SIGNATURE **TIBBS** (Degree or title) _____ 23b. ADDRESS **1515 Lafayette Avenue** 23c. DATE SIGNED **1-2-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **1/3/52** 24c. NAME OF CEMETERY OR CREMATORY **Chesed Shel Emeth** 24d. LOCATION (City, town, or county) (State) **University City Mo.**

DATE REC'D BY LOCAL REG. **JAN 3 1952** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Berger Memorial** ADDRESS **4715 McPherson**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

James J. Ruding

Signed.....
Student Embalmer

Licensed Embalmer No. 4259

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.